

Division of Credit Unions
P.O. Box 1607
Jefferson City, MO 65102
Phone: (573) 751-3419
Fax: (573) 751-6834
Email: cu@cu.mo.gov

COMPLAINT

Date _____

Credit Union Name _____
Street City State Zip Code

Please provide a brief narrative of your complaint. Please include dates, times, etc., with regard to events. Identify individuals by name(s) and position(s) with the credit union. Use additional sheets, if required. Copies of statements, receipt(s), share drafts, etc., in support of your narrative should be included.

Your Name _____ Credit Union Account No. (s) _____

Address _____
Street Address

City State Zip Code

Telephone Number _____

When is a good time to contact you concerning this complaint? _____
